

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22	1						72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
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35		1					85					
36		1					86					
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41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

BEST AVAILABLE COPY

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						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep		
	Indep	Depend	Indep	Depend	Indep	Depend			Depend		
101		/					51				
102		/					52				
103		/					53				
104		/					54				
105		/					55				
106		/					56				
107		/					57				
108		/					58				
109		/					59				
110		/					60				
111		/					61				
112	/						62				
113		/					63				
114		/					64				
115		/					65				
116		/					66				
117		/					67				
118		/					68				
119		/					69				
120		/					70				
121		/					71				
122		/					72				
123		/					73				
124		/					74				
125		/					75				
126		/					76				
127		/					77				
128		/					78				
129		/					79				
130		/					80				
131		/					81				
132		/					82				
133		/					83				
134		/					84				
135		/					85				
136		/					86				
137		/					87				
138		/					88				
139	/						89				
140		/					90				
141		/					91				
142		/					92				
143		/					93				
144		/					94				
145		/					95				
146		/					96				
147							97				
148							98				
149							99				
150							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

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